

AMERICAN INTELLIGENCE.

Case of Hydatids of the Uterus, successfully treated by the Ergot, by W. D. Macmill, M. D. of Hagerstown, Maryland, communicated in a letter from Mr. J. W. ANDERSON, to Dr. DEWEES.— "I take the liberty of writing to you, to state, though not very minutely, the result of a case of hydatids of the uterus which came under the observation and treatment of my much respected preceptor, Dr. W. D. Macgill, of this place. And I the more readily communicate this case to you, as you have expressed your intention of making use of the remedy which was employed in this instance, if an opportunity presented itself. It therefore gives me much pleasure in writing this letter, which I flatter myself will not be unacceptable, as it so completely confirms, as far as one case can do, your sentiments in regard to the treatment of this disease."

"Early last spring Dr. M. was called to see Mrs. W. aged forty years, who had previously enjoyed good health, and had been the mother of several healthy children. She was labouring under a very painful affection of the womb, accompanied with periodical hemorrhagy, occurring once in twenty-four hours, usually in the evening, accompanied with febrile symptoms, and much disturbance of the digestive functions; and which was evidently making rapid inroads upon her constitution. During its further continuance her stomach became exceedingly irritable, so much so indeed as scarcely to retain nourishment of any description. Dr. M. addressed his remedies principally to the restraining the hemorrhagy, and obviating the excessive weakness of the stomach. But notwithstanding the symptoms continued to increase in violence, so much so as to endanger the life of the patient. She had become very much exhausted by the repeated loss of blood, and inability to take nourishment, (for she had now suffered for more than three months,) when the doctor made an examination, per vaginam, (after having made them frequently before without any satisfactory result,) and discovered something protruding through the os uteri, which he extracted, and found that the poor woman was labouring under hydatids of the womb. He immediately sent for the ergot, judging from analogy that it would prove decidedly effectual in producing an expulsion of the heterogeneous mass. The event proved that he was not mistaken in his conjecture, for he had given the ergot but a very few minutes when it began to show its specific operation upon the uterus, and soon ended in a complete evacuation of its contents. The mass of hydatids equalled in size the head of a large child at birth, and afforded a very good specimen of the disease, a part of which we have made a preparation of. The representation in your hook on the 'Diseases of women,' is admirable. The floodings immediately ceased, and did not return. The woman rapidly recovered, until she has at length attained her former health and vigor, and I believe she is again pregnant. She says her mother died of a disease exactly similar."

"P. S. Dr. Macgill had not heard of your suggestion until after the delivery. He was led to the employment of the ergot solely from analogy."

[The above case is highly interesting, as the remedy employed was entirely successful in this most distressing complaint. I feel much indebted to the ingenious young gentleman who has favoured me with it, and beg his acceptance of my thanks. The allusion above is to what I had suggested in my treatise on the diseases of females, when speaking of the hydatids of the uterus.]

* I observe, "we would propose, and we think with a fair prospect of success, the free use of the scale cornutum in this complaint, to procure the expulsion of the Hydatids; especially in such cases as would not freely admit the hand; or where the contractions of the uterus were too feeble, or insufficient for their expulsion." p. 299.

I there proposed the use of the "ergot;" the remedy which proved so successful in the hands of Dr. Macgill in the case just related. It is true, this is but a single case; and may not be thought sufficient to establish the general usefulness of the remedy in the disease in question; this is granted; but there must be a first case for the trial of every new remedy; and in a disease like that of uterine hydatids, it holds out a strong inducement to repeat the "ergot;" especially as the disease but rarely occurs, and hitherto has been without remedy, though spontaneous cures may have taken place.

W. P. D.]

Note of a Case of Fistula in the Lumbar Region, communicating with the Bladder. By L. PROUDFOOT, M. D.—E. D. aged twenty-four, applied to me on the 16th of March, 1827, on account of a fistulous opening which he had in the left lumbar region; upon examination with an elastic bougie, I found it entered about three inches straight forward, then taking a direction upwards, to the extent of eight inches, being within the parietes of the abdomen.

Mr. D. dates the commencement of the disease from a violent wrench which he received at sea, while handing a topsail. This was immediately followed by a discharge of bloody urine and great prostration of strength, for several days.

I commenced the treatment, by introducing a seton opposite the opening, and injecting a solution of sulphur cupri of three grains to the ounce of water, internally; I prescribed the murias hyd. eight grains, dissolved in eight ounces of brandy; under this treatment his general health was much improved, and decidedly beneficial effects resulted from the injection, which was repeated every third day, the only uneasy sensation he felt, was a slight pain in the left groin. About a fortnight after his application to me, he passed a considerable part of the injection from his bladder, which was followed by a discharge of wind from the urethra—this continued for several days, with a small discharge of urine from the opening in his back, particularly after getting up in the morning—he omitted taking the murias hyd. and I gave him the bals. copaiba in the dose of a tea-spoonful three times a day. Different injections were now employed—the black, yellow, and white wash were used, without any sensible difference in the depth of the opening.

The novelty of the case induced me to show it to my former preceptor and much esteemed friend, Dr. Mott, who strenuously recommended the use of the oleum terebinth.

About the beginning of October, I injected nearly two fluid drachms of the oleum terebinth, which soon after was voided by the bladder, with some discharge of flatus; since that time a great alteration has taken place, the depth of the fistula is at present about three inches, and the prospect of a recovery is now very flattering—the seton wore through the integuments in about three months, and the discharge from the opening has throughout the whole course of the disease appeared perfectly healthy.

The injection was thrown to the top of the fistula by means of an elastic bottle, and a small catheter.

Notice of a Case of Irritation of the Tarsi, caused by Pediculus Pubis. By J. D. GOOMAN, M. D.—A short time since I was politely invited by my friend DR. VANDERBURGH, of New York, to see the following singular case, which he has permitted me to make use of in this way. A child of four or five years of age, belonging to a very respectable family, was observed to be suffering under apparent inflammation of the edges of the eyelids, though in every other respect healthy. The redness seemed remarkably superficial, yet was attended by a very peculiar degree of irritation. The edges of the tarsi appeared as if covered with fine red sand; and on examining the eyelids attentively with a magnifying glass, these grains were perceived to be in motion, and actually proved to be crab-lice, (pediculus pubis.) The roots of the eye lashes were literally loaded with them; the irritation was of course readily explained, and

as easily removed by the use of some mercurial ointment. What rendered this circumstance more singular, was that on the most careful examination of the eyebrows and other parts of the head, no trace of these parasites could be found. From the respectability of the family, and the attention bestowed upon the cleanliness and comfort of the children, no such source of irritation to the eyes of the children could have been suspected. Both eyes were in the same condition, and examined at the ordinary distance with the naked eye, looked as if affected with an inflammation of the tarsi.

Case of voluntary Dislocation of the Os Humeri. By GEORGE F. LENMAN, M. D.—On the 8th of August, 1821, I was requested to visit a sailor on board the brig Commodore Perry, Captain Barclay, who had luxated his shoulder.

Upon inquiry, I ascertained that it happened while he was engaged lifting the side of a bag of coffee, weighing perhaps one hundred and twenty pounds.

The luxation was downwards and inwards. I closed my left hand, and placing it in the axilla of the side affected, took hold of the humerus above the elbow, and pressing it to his body, to my surprise the luxation was reduced.

Captain Barclay observed that he was an indolent fellow, and could dislocate his arm whenever he pleased; which he had done several times on the voyage, particularly in port, to escape work. This observation attracted my attention, and I asked the man if he could put his shoulder out of place at will. He answered in the negative; but said very slight causes had that effect, especially when he bent his body far over to raise any thing. I desired him to demonstrate what he meant. A bag of coffee, weighing one hundred pounds, was placed before him. He bent his body over it, and by elevating one-half about twelve inches from the deck, the shoulder was again dislocated. He could, also, by pulling horizontally, remove the head of the bone from its socket. —I reduced it again with the greatest ease, but required a small pad in the axilla, and moderate extension to accomplish it. I could not succeed as in the first instance. No pain whatever was created either by the luxation or reduction of the bone, and none existed during the displacement.

This person certainly had the power to luxate his os humeri at discretion, without pain or uneasiness, and no doubt he was in the habit of doing so to elude laborious employment. Twice it had been disjointed on the same voyage in the West Indies. Physicians were called to replace it, who as a matter of prudence, directed the arm to be kept in a sling, and at rest for a few days, and thus he escaped labour. Immediately after I reduced it, he went to work as if nothing had occurred.

*Brazilian Medical Journal.**—The appearance of a medical journal in the Brazilian empire may be regarded as a happy omen, and if it be conducted upon the same liberal principles with which it has commenced, it cannot fail to be of great benefit to the medical profession of Brazil. The three first numbers, (for January, February, and March, 1827,) the only ones we have received, are filled with extracts from the journals of France and England, and with notices of recent works and improvements in medicine and surgery. The original department is at present necessarily limited, but at no distant period we may hope that the physicians of that part of the American continent will contribute their proportion to the advancement of medical science, for which they have an ample field in the investigation of the medicinal productions, and the peculiar diseases of their climate. We wish Dr. Sigaud the fullest success in his spirited and laudable exertions to diffuse professional knowledge. J. D. G.

* O Propagador das Sciencias medicas, ou annals de medicina, chirurgia e Pharmacia; Para O Imperio do Brazil; e naqoes estrangeras, seguidos de um Boletim especialmente consagrado as Sciencias Naturais, Zoologia, Botanica, etc. etc. Por J. F. Sigaud, Doutor em Medicina. Rio de Janeiro, 1827.

Epidemic Yellow Fever of Washington, Mississippi.—DR. JOHN W. MONETT has published in our esteemed cotemporary, the *Western Medical and Physical Journal*, an interesting account of the epidemic yellow fever which occurred in Washington, Mississippi, in the autumn of 1825. We extract the following details.

"Washington is an inland town, six miles east of Natchez, containing about two hundred and fifty inhabitants proper, previously to the present epidemic, of whom nearly one-half were blacks. It is situated upon an elevated site, naturally well supplied with drains: the soil is alluvial, and like all the surrounding country, is very uneven, or rather abruptly undulating; so that no marshes are to be found nearer than the Mississippi, which is six miles distant. The town covers a large extent of ground, for the number of its inhabitants, the buildings being thinly scattered, principally on one street, which is near a mile in length. There are to be found in it none of those sources and collections of filth, which are so frequently met with in cities and large commercial towns; but the general appearance is that of a pleasant and cleanly country village.

"This place has generally been noted for the excellent health enjoyed by its inhabitants; and it has been a principal resort for safety to the citizens of Natchez, when that city has been visited by yellow fever. No case of yellow fever, so far as I have been able to learn, ever originated in Washington, previous to the autumn of 1825; not even in 1823, when Natchez was so severely visited by that disease, and when Washington was crowded with those who had fled for safety, with great quantities of merchandise. During the summer and autumn of 1825, it continued quite healthy for the season of the year, until after it had been crowded with people and goods of every description from Natchez, where yellow fever had made its appearance. The surrounding country, likewise, was unusually healthy previous to the epidemic, and remained so during the fall, notwithstanding the great mortality that prevailed in Washington and Natchez. No peculiarity of disease was observed during the summer, excepting a few cases of typhus gravior, and congestive bilious fever, which occurred in August, and the early part of September. Some cases of the same character occurred, likewise, in July, yet they were by no means more frequent than in former years.

"The spring and summer until the last of July, were agreeably diversified by showers of rain and clear weather; although the quantity of rain, which fell during that time, was less than usual, the heat was considerable, ranging, generally, between 80° and 90° of Fahrenheit. The following is the medium temperature of the atmosphere in the shade, from July 10th, to September 25th, viz.

From 10th, to 31st of July.—Medium temperature at 5 o'clock, A. M.	76½°
Do. do. do. 4 do. P. M. 91°	
From 1st, to 31st of August.—Medium temperature at 5 do. A. M. 78°	
Do. do. do. 4 do. P. M. 90°	
From 1st, to 25th of Sept. do. do. 5 do. A. M. 72½°	
Do. do. do. 4 do. P. M. 85½°	

Five o'clock, A. M. and four o'clock P. M. being the extreme.

"During the months of August and September, the heat, although not so extreme, as in July, was oppressive, and almost without remission; and the drought was equally great, not more than two or three light showers of rain having fallen during that time. Nor, indeed, was there any material change in the weather until the 15th of October, when it became cooler, and the atmosphere appeared more humid; which state of the weather was succeeded by rains and hard frosts, about the last of October and first of November. Previous to this change, all moisture seemed to be dissipated: the dews, which here are generally heavy, ceased almost entirely, and the comparative warmth of the nights, with the small portion of moisture, which descended, was insufficient to restore the drooping vegetation from the effects of excessive heat.

"About the last of August, cases of yellow fever were reported in Natchez; and the Board of Health advised the citizens to leave the place. The consequence was, that in two or three days a great proportion of them fled, many were dispersed in the surrounding country; the merchants, principally, crowded into Washington, bringing with them all kinds of goods and groceries. Houses which before had been considered unfit for residence, and as such were abandoned, were now filled with tenants. About this time several persons died of yellow fever in Washington, who either left Natchez after they were taken, sick, or whose disease could be distinctly traced to that place.

"Ten or twelve days after the flight from Natchez, the first cases occurred which originated in Washington. The first case was that of Mr. L.'s child, which died on the sixth day after its sickness. On the next day Mrs. C. was taken sick, and died on the eighth day of her disease. On the same day three others were taken with yellow fever, of whom two died; one on the fifth and the other on the sixth day of their disease. Of these three M. and L. lived together in a house entirely isolated, and two hundred yards distant from the main street, on an elevated and clean situation. They were carpenters by trade, and during the week previous to their sickness, had been shelving rooms for the merchants from Natchez, and likewise assisting them in opening and putting up their goods: to this source they attributed their sickness. M. died on the fifth day; L. recovered. The other case, Miss P. was attributed to the admission into their house, (which consisted of but one room,) a family from Natchez, with their household furniture. Cases now began to occur, indiscriminately in every part of town, with much malignancy; insomuch that a majority of the inhabitants, together with those who had fled from Natchez, speedily left town, and retired to the surrounding country.

"At the commencement of the epidemic, negroes were supposed exempt from its influence, and indeed none of them were attacked during the first few days. After which, those of them who were exposed to its influence were occasionally attacked: but in them it was generally mild, seldom requiring blood-letting. The whole number of them attacked was fifteen, of whom three died: while the whole number of whites attacked was about one hundred, of whom forty-nine died.

"Several of those who left town on the first alarm, to avoid the disease, were afterwards attacked with it, and died in the country; some were taken as late as the ninth day after having left town, and died: I know of none attacked at a later period after exposure. Those who were removed to the country were attacked, and those who were attacked after they left town, appeared to fare no better than those who remained.

"The wind, rain, and frost, which occurred between the 15th and 28th of October, gave a check to the disease; and for several days during that time, and later, no new cases occurred. The people believing that the infection was destroyed by the cold, returned to their homes, having previously caused their houses to be well ventilated and cleansed. From October 28th until the 5th of November, the weather, during the day, was quite warm; insomuch, that people began to be apprehensive as to their safety, and not without cause: for, between the 7th and 10th of November, nine new cases occurred in those who had returned, and who had not used sufficient precaution in re-occupying their houses; of which cases five terminated fatally. Of the above nine cases, four occurred in one house; where, in the early part of the epidemic, several persons had laboured under the disease, of whom some died. In cleansing this house, the servants had neglected to wash and sun the bedding, which were inadvertently used by those who returned. About the time these cases occurred, the weather set in wet and cold, and health was restored to the place, no case having appeared afterwards.

"So general had been the morbid influence in the town, that scarcely any, who remained, entirely escaped: and so fatal was the disease, that one-half of those attacked, fell victims to its violence. Of the before-mentioned number

of deaths, thirty-five were inhabitants of Washington; the remainder were persons from Natchez, and the surrounding country. Hence it will be perceived that upwards of one-fourth of the whole white population of the place were swept off—a mortality unequalled!

"As to the origin of this fever in Washington, two different opinions are entertained and supported by their respective advocates. One is, that it originated in Natchez, and was transported to Washington, in the state of somites in blankets, and various other articles of merchandise. The other is, that it originated in Washington, independently of Natchez.

"That yellow fever may be infectious is believed and supported by many able authorities, which shall not now be adduced; many of whom, have been long intimately conversant with it in different climates. That it may be propagated by means of somites, contained in blankets and other articles, I am convinced, not only from authorities, but likewise from personal observation. And during the late epidemic, several cases fell under my observation, which to me incontestably prove the fact: cases where the disease was produced in the country, without any exposure to town, from the blankets and bedding, used by persons who died of that disease after being removed from town. At a gentleman's two miles from Washington, two of his relations, after being removed thither, died of yellow fever. The bedding on which they had laid, by accident, were thrown together in an upper room, where they remained several days. In this place they were found by three small girls, who, for two or three days, unknown to their parents, were in the habit of going into this room to play upon the bedding. In a short time all three of those children were attacked with well marked cases of yellow fever; notwithstanding, the situation is said to have been noted for its salubrity, and they had no opportunity of contracting the disease elsewhere. These were the only persons in that family who contracted the disease."

Vicious Urinary Discharge.—In our original department will be found a most extraordinary instance of this kind—the only case which bears much resemblance to it that we recollect having seen an account of, is the one related by Dr. SENTER, in the first volume of the transactions of the College of Physicians of Philadelphia. As that work has had but a small circulation, the following condensed account of the case will no doubt be interesting.

Lucy Foster, a servant maid, at fifteen, fleshy and healthy looking, commenced to menstruate at the age of thirteen; and continued regular until about the latter end of May, 1785, at which period the menses not appearing, and being exposed and negligent of her health, her mother supposed she had taken cold. On the 1st of June she was attacked with pain in her left hypochondrium, with cough, fever, oppression at her breast, with dyspnoea, and great irritability of the stomach. About the middle of July she vomited a quantity of bloody pus. She had a suppression of urine for twenty-four hours, which was relieved spontaneously.

In about two months she had recovered so far as to be able to return to her usual occupation, her menses returned, and continued well until June, 1786, when her old complaints, with the exception of the suppression of the menses returned with greater severity than before. The irritability of her stomach was so great that she rejected almost every article of nourishment or medicine that was given her. Opium afforded the most permanent relief.

"On the second of July she was seized with a total suppression of urine, without any perceptible cause, which continued five days."

The beginning of the sixth day she was taken with a vomiting, and she brought up water, which she said tasted in every respect like urine. "As her vomiting continued, she found relief in the bottom of her belly, from the swelling and great soreness she had felt for several days.

"She now thought herself much better, but her vomiting recurred the next day, and continued more or less every day till the 14th of the month."

As she had discharged from her stomach every thing she ate or drank, from the time of her first vomiting, she did not suffer so much from the Ischury, as she did before the first evacuation. Dr. Senter prevailed upon her to let him pass the catheter into the bladder, whence he drew about three pints of urine, clear, but high-coloured; her strength was very much exhausted, and she felt great heat and soreness throughout the abdominal viscera.

For ten weeks successively, she was incapable of retaining in her stomach any thing except opium.

From this time to December, she continued with very little abatement of her distress. And as she could lie in no other position, she was constantly supported in an armed chair, in a reclined posture, with pillows under her hips.

" Whenever I omitted to draw off her water once in thirty or thirty-six hours at furthest, she never failed to vomit it up. To ascertain so extraordinary a fact beyond the possibility of a mistake on my part, or a deception on hers, I often visited her about the time I knew she must vomit if the catheter was not introduced; and I examined her bladder, found it full, hard, and tender; and sat by her till the vomiting recurred, saved the water that she brought up this way, and compared it with that I drew off, and found it the same in every respect.

" In the month of January, 1787, from some cause unknown she could not be relieved with the instrument, nor could she vomit up her urine for several days; when it passed off by the navel, for three days successively, after which, the catheter was used with the same effect as before.

" About the beginning of August, a *brick-coloured gravel* began to pass of through the catheter, and soon became so large and plentiful that neither urine nor gravel could be completely evacuated by the instrument in its usual form.

" She continued to discharge gravel this way, whenever her urine was drawn off, till the beginning of November, at which time she felt more distress than usual, whenever her urine came off by vomiting, and she soon observed a *gritty substance* in her mouth. When I was informed of this new phenomenon, I requested her to save the urine for my inspection, the next time she vomited. I compared this with what I drew off, and found it contained the same kind of gravel as that which passed the catheter.

" From this period to the summer 1788, her complaints continued much the same. When her water was not drawn off she always brought it up by vomiting; commonly attended with great pain in the head. The *hypogastrium* now became more tumid and tender, and her bladder appeared very much thickened and extremely sore, even after it was evacuated. Add to this, the apparent inequality of the surface of the bladder, was so great, and the tumour shifting sometimes towards the right, and at others to the left inguen, according as her body was moved, that I began strongly to suspect a stone.

" Through the month of September, her urine could very rarely be drawn off; for upon the introduction of the catheter, a spasm seized the urethra and neck of the bladder, and though the instrument appeared to pass high up into the fundus of the bladder, not more than a gill could be drawn, before it stopped entirely, with a sensation of something falling down against its cervix, which she was very confident was a *stone*.

" In the course of this month she vomited more sand than she had at any time before, and failed in strength and spirits so fast, that I was apprehensive she would not live the month out. Her urethra, bladder, and external genital parts were so extremely sore, that for some time, it prevented my searching her for the stone in the manner I intended.

" About the beginning of October, I was able to introduce the sound, when I readily met with a stone, which appeared of a small size, and rather softer than urinary calculi commonly are. I repeated the examination a number of times, till I was perfectly satisfied that this was the case.

" During the remainder of the fall, and principal part of the winter ensuing, the same troublesome sensation of the falling down of a stone in the bladder, upon the use of the catheter, continued, and induced the most excruciating pain and misery imaginable.

"Her bowels, for the most part, were much less constipated than could have been expected, coosidering the frequency of vomiting, her supine situation, and the little nourishment she was able to retain upon her stomach: and during the whole of her disease, till within three months of her death, the catamenia were irregular. Sometimes they appeared every fortnight, and at others, she passed the regular period for that evacuation two or three months, without having any; but it did not appear to me that her disease was much influenced by either."

"Early in the spring, 1789, her urine began to pass *per anum*, loaded with the same kind of gravel that had come away by the catheter. This gave her some respite with respect to her vomiting, though she continued to throw up more or less urine as well as gravel that way every week."

"This new course of her water gave her a very troublesome *tenesmus*; but the stone in the bladder, as well as the pain and disagreeableness arising from the sensation of its descent, became daily less fatiguing. Her strength and spirits decayed fast, and the fever that she had before continually laboured under, grew more completely hectical."

"After the 13th of May, her bladder never became so much distended with urine as it had been before; and both this and the gravel, now generally passed her once in twenty-four hours, either by vomiting or purging. She, however, introduced the catheter herself, and sometimes drew off her urine to the quantity of a gill."

"The secretion of urine, as well as the formation of calculi, evidently diminished, in proportion to her loss of strength, and the increase of the diarrhoea. The menses entirely ceased."

"During the latter part of spring and summer, she became quite paralytic at times; the frequency of vomiting increased, and she had several convulsion fits after vomiting. She grew more and more emaciated; her convulsions returned more frequently; her fever was more putrid; she at last became lethargic, and on the 11th of August, death, which she had long and ardently wished for, put a period to a series of the most complicated and singular misery that I have ever seen since my acquaintance with disease."

The day after death Dr. Senter examined the body in the presence of Drs. Waterhouse and Mason.

Thorax.—In this cavity there was nothing appeared unnatural, except a considerable adhesion of the right lobe of the lungs to the pleura. *Abdomen*.

—The omentum was principally wasted, but not more than is commonly the case with those who die tabid. It was, however, of a dark gangrenous colour pretty generally. *Stomach*.—This appeared very much changed from its natural colour, and in a gangrenous state, containing a semi-purulent matter of a fetid scent. *Liver and Gall bladder*.—There were no preternatural adhesions of the former, nor gall stones in the latter; and their colour, &c. not unusual.

Intestines.—In these there were no ruptures either of their muscular coats, blood-vessels, or lymphatics, that we could discover. The villous coat was much destroyed, and the colour of the intestines darker than is common, except the duodenum, which was very much discoloured with the bile. *Kidneys and Ureters*.—In these there was no considerable deviation from a state of soundness; they were lax or flabby, but no rupture of any of their vessels, or any calculi discoverable. *Urinary Bladder*.—This was in its natural situation, not the least thickened, had no sand or gravel in it, nor did it adhere preternaturally to any of the circumjacent parts; and the muscular sphincter of its neck yielded readily to the introduction of the finger from the bladder into the urethra. *Uterus*.—In its cavity was contained about a drachm of thick, darkish, fetid pus; but no other appearance of disease in its body. *Tubæ Fallopianæ*.

—Were larger than common in virgins, and strung with several *hydatids* or *vesicula*, the size of a walnut, filled with a watery glutinous humour. *Corpora Fimbriata*.—Had a gangrenous appearance. *Ovaria*.—Were enlarged to the size of a small hen's egg, and contained a considerable quantity of a clear limpid fluid immediately under the first coat."

Secret Remedies.—We have read with great satisfaction the "Reports of the Medical Society of the City of New York, on Nosmums or Secret Remedies." The first article noticed is CHAMBERS' remedy for intemperance.—Drs. HAMERSLEY, DRAKE, MANLY, WATTS, IVES, and JOHNSON, the highly respectable committee to whom this subject was referred, inform us that they employed Dr. G. Chilton, an able and experienced chemist to analyze the medicine, and that the results of his experiments show it to be composed of tartar emetic, capsicum, sulphur, carbon, cochineal, and gum. "If any doubt," say the committee, "could rest upon this result to which the analysis leads, it could not fail to be removed by the collateral evidences which may be brought in confirmation from its exhibition both internally and externally—its effects upon the stomach and bowels are precisely those which ought to be expected from tartar emetic, and externally applied it will produce the pustular eruption which is peculiar to this metallic salt." This medicine then owes any efficacy it may possess to the tartar emetic which it contains—of its value, therefore, as a remedy for intemperance, or of the danger of fatal consequences resulting in some cases from its exhibition, we need not here speak—every professional man will know how to estimate it.

The second report is on LEROY's *Médecin Curative*; as this remedy, however, is rarely used in this country, we shall merely remark, that the researches of the committee show that it is composed of articles which produce the most drastic purgative, and also powerful emetic effects.

The third report is drawn up by Drs. PASCALIA, HAMERSLEY, DRAKE, MANLY, and WATTS, and is on SWAIM's *Panacea*, and the other *depurative syrups*—the *Columbian Syrup*, *PAAKER'S Vegetable Panacea*, *POTTER'S Catholicon*, *SHINN'S Panacea*, *SCOTT'S Panacea*, *WILSON'S Panacea*, &c. all of them essentially the same. This report displays great ability and research, and is the most interesting of the three, from the extent of the evil which was the subject of investigation. It appears, (vide Report, page 34,) that about the year 1811, Dr. Berger, the elder, was joined in consultation with several physicians of New York, in the case of a gentleman labouring under a loathsome complication of disease, the sequelæ of *syphilis*, and the repeated and irregular use of mercury, which had resisted all the ordinary modes of treatment, and at his, (Dr. Berger's) suggestion, the rob of *Laffecteur* was given, and with good effects. "The remarkable recovery of this gentleman, and the difficulty of obtaining an adequate supply of the rob for extensive use, owing to the restrictions that at that time existed on our commercial intercourse with Europe, led Dr. McNeven, who was one of the physicians in the consultation, to give publicity to its composition and its worth. He accordingly published in the third volume of the *Medical and Philosophical Journal and Review*, the recipe of M. Allion, a French chymist, for its preparation. The remedy prepared according to this recipe, with the exception of substituting the bark of sassafras, or the shavings of guaiacum for the marsh reed-grass, was soon after employed by several of our city practitioners, with the usual happy results. Among many patients, Mr. SWAIM, then a book-binder living in this city, experienced its beneficial effects in his own person, and soon after succeeded in obtaining from Dr. N. J. QUACKINBOSCH, the practitioner who had administered it to him, the recipe for its formation, and the directions for its employment: whereupon he removed to Philadelphia, and set forth his vegetable syrup, which he denominates Swaim's *Panacea*, for the treatment of those diseases for which the rob has been so long celebrated. In the first instance, Mr. Swaim's directions for using his panacea, for preparing the sarsaparilla ptisan, and the quantity and times of taking it, in conjunction with the syrup, were the same, nearly verbatim, as those given by Dr. McNeven, in the publication above referred to, for the use of the rob; but of late he has altered his directions considerably, and has ceased to insist on the conjoined use of the sarsaparilla ptisan, even in small quantities. The flavour of the sassafras in the syrup first prepared by Swaim was very perceptible, but it is now the opinion of many, that he has substituted the leaves of the *Pipsissewa*, (*Chimaphila corymbosa* of Pursh,) for

the marsh reed-grass, sassafras or guaiacum, which we think very probable. However this may be, the Syrup also contains the oil of winter-green, (ol: gaultheriae;) for its flavour is evident both to the smell and taste. Swaim's object in this addition, is, doubtless to disguise the other materials, and to render the medicine agreeable to the taste, but it may also be a useful addition as a stimulant and carminative, obviating that loathing and disgust of the medicine, which sometimes occurs from its long-continued use."*

That the sarsaparilla in the form of a syrup or decoction, alone, and when combined with corrosive sublimate, is a very valuable remedy in several forms of disease, is known to every medical man; it has been long in familiar use by the profession—but that the last combination unless administered with discrimination and judgment, is often productive of the most fatal consequences, is equally well known, and that this must be the case must be evident to every one who is acquainted with the highly poisonous properties of the chloride of mercury.

The committee appointed by the Philadelphia Medical Society to inquire into the remedial value of the more prominent specifics now sold in Philadelphia, have been pursuing the objects of their appointment with zeal and success, and have, we are informed, collected a mass of evidence respecting the effects of Swaim's panacea,† which they will shortly lay before the public; they received documents from Drs. Chapman, Horner, Emlen, Randolph, Griffith, the Philadelphia Alms-house, &c. &c. tending to prove its inefficacy in some cases, and its injurious and even fatal effects in others.

Sulphuric Acid as a Cure for Intemperance.—M. BRÜL CRAMER, a German physician, asserts that sulphuric acid, taken with bitters, completely eradicates the disposition to the intemperate use of ardent spirits. Dr. W. D. BRINKLE has related, in our cotemporary the *North American Medical and Surgical Journal*, several cases in which he has administered this acid, and which tend to confirm in a great measure the assertion of Dr. Cramer. Dr. Brinkle adds from one to two drachms of the acid to a pint of the favourite liquor of the patient, and orders a wine-glassful to be taken every one, two, or three hours—the interval between the doses being regulated by the quantity of liquor the patient has previously been in the habit of drinking—it is not to be taken to the extent of producing intoxication.

Delirium Tremens.—Dr. COATES has published in the *North American Medical and Surgical Journal* for July and October last, an elaborate paper on this disease—he concludes his paper with the following summary of his views.

"1. The disease is a delirium and not a mania, and this distinction should be attended to, both for medical and legal reasons.

2. It consists in a heightened activity of the sensorium; and this appears to arise from the generation, in that organ, of an unusual vital power, which is not, as is common, exhausted by the narcotic poisons habitually used. This is not considered as an hypothesis, but the expression of a fact existing in nature.

3. The delirium may be combined with other diseases and injuries, situated in many different parts of the body.

* Swaim, however, at least in many instances, adds the corrosive sublimate to his preparation. This is proved by the fact that profuse salivation frequently follows its use.

† Swaim continues to announce in the pamphlets accompanying his medicine, that it is employed in the Pennsylvania Hospital and Philadelphia Alms-house. This statement is incorrect. When Dr. Price, who subsequently became an agent of Swaim in England, and who failed to introduce it into vogue there, was one of the attending physicians, he was accustomed to prescribe it very repeatedly; but it has not been used in that institution since Dr. Price left it.

In the Philadelphia Alms-house its use has been discontinued for several years. Dr. S. Jackson, when elected one of the physicians of that institution, introduced the *syrup de Cuisinier*, the compound syrup of sarsaparilla of the American Pharmacopœia, as a substitute for the panacea, and it has been continued to the present time. In the practice of the Alms-house the *syrup de Cuisinier* has generally proved more successful than Swaim's "Panacea," as an appropriate treatment to each particular case is usually conjointly with its exhibition. The cost to the Alms-house of the *syrup de Cuisinier*, is about thirty cents per bottle, instead of five dollars, the sum originally paid to Swaim, and afterwards of three, the price at which he now vendes it.

4. When violent, it obscures and renders imperceptible most of the symptoms of the co-existing disease.
5. It is doubtless necessarily accompanied, as all vital excitements are, with an unusual amount of the circulation of the blood in the organ affected; and is from this cause sensibly influenced by cups, blisters, and emetics. It is not so far checked by the use of emetics as to render these advisable as a leading means of cure. It is not sufficiently under the control of the general circulation to be cured by venesection; or to be sensibly relieved by it, without such an exhaustion as is highly dangerous to life.
6. It is entirely and absolutely under the control of opium; although the fevers and other diseases which are liable to accompany it may be by no means so.
7. It admits of very large doses of opium, which are not productive, either at the time or subsequently, of any injurious consequences, provided they are not repeated after a tendency to sleep is evinced.
8. The patient must *sleep or die*. There is no alternative. Yet the physician should personally watch the effect of very large doses of opium.
9. There is no distinction of stages which need occasion a moment's delay in resorting to opium.
10. Purgatives are of no use in this delirium; but it is necessary to prevent costiveness subsequently to the administration of opium. Purgatives may be necessary for diseases which exist at the same time; but when this is the case, they are, in general, most advantageously postponed till after sleep has been obtained.
11. Gentle stimulants are frequently useful during the convalescence; but these should not resemble ardent spirits; and an excellent and sufficient one is capsicum. Nor should any ardent spirits, unless indicated by peculiar circumstance, be given during the paroxysm."
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- Appointment of Assistant Lecturer on the Institutes and Practice of Physic, and Clinical Medicine in the University of Pennsylvania.*—Dr. SAMUEL JACKSON has been appointed assistant lecturer on the Institutes and practice of physic and clinical medicine in this university. The object of the appointment, we understand, is to allow Professor CHAPMAN to give an undivided attention to the practice of physic—leaving the institutes to be taught by his colleague. An arrangement of this nature has long been demanded, and while the scheme of medical education is thus enlarged and perfected, it involves no additional expense to the student—since Dr. Chapman, by whom the appointment has for several years been earnestly solicited, voluntarily appropriates a portion of the proceeds of his chair as a compensation to his assistant.
- No selection, we believe, could be more judicious than that of Dr. Jackson, for the reputation of the school, or the general interests of medical science. He will bring to the enterprise in which he is to enter, the genius, learning, and enthusiasm by which he is eminently distinguished, and applied, as they will be, to an important department of medicine, heretofore too much neglected, cannot fail, we think, to render the most valuable services.
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- The Institutes and Practice of Surgery, being the Outlines of a Course of Lectures, by WILLIAM GIBSON, M. D., &c.* A new edition of this work, with numerous additions, is preparing for publication—it will be ready early in November.
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- New Dispensatory.*—Messrs. TOWAR and HOGAN have just published an "Ecclectic and General Dispensatory: Comprehending a system of Pharmacy Materia Medica, the Formulae of the London, Edinburgh, and Dublin Pharmacopeias, prescriptions of many eminent physicians, and receipts for the most common empirical medicines: collated from the best authorities, by an American Physician." This work appears to contain in a condensed form, a very large amount of information relative to Pharmacy and the articles of the Materia Medica.